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CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.6 & 1.8
I CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE PATENT
AND TRADEMARK OFFICE ON THE DATE AND TO THE NUMBER SHOWN BELOW. FAX NO. 703-872-
9308 COMPRISING THIRTEEN (13) SHEETS INCLUDING THIS PAGE.

Date:

August 3, 2004

Samuel W. Apicelli
Reg. No. 36,427

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/823,902
Applicant : Gardner, Jr. et al.
Filed : Herewith
Title : METHOD FOR DETECTION OF PATHOGENIC
MICROORGANISMS
TC/A.U. : 2877
Examiner : Evans, Fannie L.
Docket No. : E2079-00006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Preliminary to the examination of the above-identified Continuation

Application, please amend the Application as follows:

Amendment to the Specification begin on page 2 of this paper.**Amendments to the Claims** are reflected in the listing of claims which
begins on page 3 of this paper.**Remarks/Arguments** begin on page 11 of this paper.

Fee Only

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/823,902
E2079-00006

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	56	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	56 minus 20 =	36
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 28	Minus	** 56	=
	Independent	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR

RATE	FEE
BASIC FEE	770.00
X\$18=	324
X86=	—
+290=	—
TOTAL	709

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	43
+145=	
TOTAL	43
ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	80
+290=	
TOTAL	80
ADDIT. FEE	

PAID

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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